



IDAHO DEPARTMENT OF
HEALTH & WELFARE

COPY

C. L. "BUTCH" OTTER, GOVERNOR
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April 14, 2010

Rex Redden
Idaho Falls Group Home #4 Summit
P.O. Box 50457
Idaho Falls, ID 83405-0457

RE: Idaho Falls Group Home #4 Summit, provider #13G071

Dear Mr. Redden:

This is to advise you of the findings of the Medicaid/Licensure survey of Idaho Falls Group Home #4 Summit, which was conducted on April 8, 2010.

Enclosed is a Statement of Deficiencies/Plan of Correction Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. Answer the deficiency statement, specifically indicating how the problem will be, or has been, corrected. Do not address the specific examples. Your plan must describe how you will ensure correction for all individuals potentially impacted by the deficient practice.
2. Identify the person or discipline responsible for monitoring the changes in the system to ensure compliance is achieved and maintained. This is to include how the monitoring will be done and at what frequency the person or discipline will do the monitoring.
3. Identify the date each deficiency has been, or will be, corrected.
4. Sign and date the form(s) in the space provided at the bottom of the first page.

Rex Redden
April 14, 2010
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5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **April 26, 2010**, and keep a copy for your records.

You have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request and all required information as directed in Informational Letter #2007-02. Informational Letter #2007-02 can also be found on the Internet at:

<http://www.healthandwelfare.idaho.gov/site/3633/default.aspx>

This request must be received by April 26, 2010. If a request for informal dispute resolution is received after April 26, 2010, the request will not be granted. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Thank you for the courtesies extended to us during our visit. If you have questions, please call this office at (208) 334-6626.

Sincerely,



BARBARA DERN
Health Facility Surveyor
Non-Long Term Care



NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

BD/mlw

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 04/13/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G071	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/08/2010
NAME OF PROVIDER OR SUPPLIER IDAHO FALLS GROUP HOME #4 SUMMIT			STREET ADDRESS, CITY, STATE, ZIP CODE 3612 SUMMIT TRAIL IDAHO FALLS, ID 83402		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 000	INITIAL COMMENTS The following deficiencies were cited during the annual recertification survey. The survey was conducted by: Barbara Dern, QMRP, Team Leader Monica Williams, QMRP Common abbreviations/symbols used in this report are: ITTP - Interdisciplinary Treatment Team Plan Mandt - A physical restraint system QMRP - Qualified Mental Retardation Professional	W 000			
W 232	483.440(c)(4)(iv) INDIVIDUAL PROGRAM PLAN The objectives of the individual program plan must be organized to reflect a developmental progression appropriate to the individual. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure objectives were established based on the individuals' functional abilities and were designed to allow the individual to experience success in achieving those objectives for 2 of 3 sample individuals (Individuals #1 and #2) whose IPPs were reviewed. This resulted in individuals receiving training on objectives for extended periods of time without their rate of learning, strengths, and abilities being taken into consideration. The findings include: 1. Individual #2's ITTP, dated 8/27/09, documented a 31 year old male diagnosed with severe mental retardation. His QMRP summaries, dated 2/09 - 2/10, showed the	W 232	W-232 1. All individuals have the potential to be affected by this practice. 2. All objectives and programs will be reviewed for all clients to determine at what level the client is performing and where they are in relationships to the objective criteria. After review of the this information the criteria on any objectives that are not reasonable for progress will be revised and set to be within attainable reach for all individuals . 3. The objective will be added to the top of each of the Q summaries. This will be the trigger for the QMRP to compare the level of performance to the criteria of the objective each month as progress notes are completed. This will enable the QMRP to make changes in the criteria of the objective monthly as needed. 4. Target date for completion will be 6-30-2010.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 232	<p>Continued From page 1 following:</p> <p>a. The objective for hand biting was set at 5 or less episodes a month for 12 consecutive months. However, his QMRP summaries, dated 2/09 - 2/10, showed the following status of the objective:</p> <ul style="list-style-type: none"> - 2/09: 184 - 3/09: 106 - 4/09: 131 - 5/09: 117 - 6/09: 145 - 7/09: 101 - 8/09: 69 - 9/09: 94 - 10/09: 63 - 11/09: 22 - 12/09: 22 - 1/10: 85 - 2/10: 149 <p>Individual #2's objective was not designed to allow him to experience success in achieving the objective.</p> <p>b. The objective for face washing was set at 80% accuracy a month for 4 consecutive months. His QMRP summaries, dated 2/09 - 2/10, showed the following status of the objective:</p> <ul style="list-style-type: none"> - 2/09: 56% - 3/09: 61% - 4/09: 49% - 5/09: 26% - 6/09: 44% - 7/09: 29% - 8/09: 31% - 9/09: 32% - 10/09: 34% - 11/09: 39% - 12/09: 44% 	W 232			

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W 232	<p>Continued From page 2</p> <ul style="list-style-type: none"> - 1/10: 28% - 2/10: 24% <p>Individual #2's objective was not designed to allow him to experience success in achieving the objective.</p> <p>c. The objective for meal time manners was set at 15 or less episodes of inappropriate manners a month for 4 consecutive months. His QMRP summaries, dated 2/09 - 2/10, showed the following status of the objective:</p> <ul style="list-style-type: none"> - 2/09: 66 - 3/09: 56 - 4/09: 45 - 5/09: 55 - 6/09: 59 - 7/09: 68 - 8/09: 192 - 9/09: 114 - 10/09: 224 - 11/09: 206 - 12/09: 141 - 1/10: 232 - 2/10: 120 <p>Individual #2's objective was not designed to allow him to experience success in achieving the objective.</p> <p>d. The objective for showering was set 95% independence a month for 4 consecutive months. His QMRP summaries, dated 2/09 - 2/10, showed the following status of the objective:</p> <ul style="list-style-type: none"> - 2/09: 75% - 3/09: 78% - 4/09: 45% - 5/09: 27% - 6/09: 51% - 7/09: 42% - 8/09: 42% 	W 232			

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W 232	<p>Continued From page 3</p> <ul style="list-style-type: none"> - 9/09: 48% - 10/09: 57% - 11/09: 75% - 12/09: 62% - 1/10: 53% - 2/10: 56% <p>Individual #2's objective was not designed to allow him to experience success in achieving the objective.</p> <p>e. The objective for combing hair was set 70% independence a month for 4 consecutive months. His QMRP summaries, dated 2/09 - 2/10, showed the following status of the objective:</p> <ul style="list-style-type: none"> - 2/09: 14% - 3/09: 28% - 4/09: 32% - 5/09: 17% - 6/09: 0% - 7/09: 16% - 8/09: 19% - 9/09: 19% - 10/09: 16% - 11/09: 0% - 12/09: 26% - 1/10: 26% - 2/10: 24% <p>Individual #2's objective was not designed to allow him to experience success in achieving the objective.</p> <p>f. The objective for signing mad was set 80% accuracy a month for 6 consecutive months. His QMRP summaries, dated 2/09 - 2/10, showed the following status of the objective:</p> <ul style="list-style-type: none"> - 2/09: 51% - 3/09: 59% - 4/09: 55% - 5/09: 56% 	W 232			

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W 232	<p>Continued From page 4</p> <ul style="list-style-type: none"> - 6/09: 45% - 7/09: 61% - 8/09: 58% - 9/09: 61% - 10/09: 62% - 11/09: 65% - 12/09: 66% - 1/10: 98% - 2/10: 63% <p>Individual #2's objective was not designed to allow him to experience success in achieving the objective.</p> <p>When asked about the objectives noted above, the QMRP stated during an interview on 4/8/10 from 8:55 - 11:15 a.m., revisions were not made but all of Individual #2's objectives would be reviewed and revised as appropriate.</p> <p>2. Individual #1's ITTP, dated 8/27/09, documented an 18 year old male diagnosed with profound mental retardation. His QMRP summaries, dated 2/09 - 2/10, showed the following objectives:</p> <p>a. The objective for scooping pills was set at no more than 10 prompts a month for 4 consecutive months. His QMRP summaries, dated 2/09 - 2/10, showed the following status of the objective:</p> <ul style="list-style-type: none"> - 2/09: 42 - 3/09: 41 - 4/09: 56 - 5/09: 45 - 6/09: 39 - 7/09: 41 - 8/09: 41 - 9/09: 42 - 10/09: 40 - 11/09: 26 	W 232			

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W 232	Continued From page 5 - 12/09: 42.8 [sic] - 1/10: 61 - 2/10: 0 Individual #1's objective was not designed to allow him to experience success in achieving the objective. b. The objective for money recognition was set at 80% accuracy a month for 4 consecutive months. His QMRP summaries, dated 2/09 - 2/10, showed the following status of the objective: - 2/09: 60% - 3/09: 66% - 4/09: 73% - 5/09: 73% - 6/09: 63% - 7/09: 72% - 8/09: 68% - 9/09: 40% - 10/09: 50% - 11/09: 45% - 12/09: 53% - 1/10: 58% - 2/10: 61% Individual #1's objective was not designed to allow him to experience success in achieving the objective. When asked about the objectives noted above, the QMRP stated during an interview on 4/8/10 from 8:55 - 11:15 a.m., revisions were not made but all of Individual #1's objectives would be reviewed and revised as appropriate. The facility failed to ensure Individual #1 and #2's objectives were designed to allow them to experience success in achieving those objectives.	W 232			
W 256	483.440(f)(1)(ii) PROGRAM MONITORING & CHANGE	W 256			

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W 256	<p>Continued From page 6</p> <p>The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is regressing or losing skills already gained.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure ITTPs were revised as appropriate for 2 of 3 individuals (Individuals #1 and #2) whose ITTPs and program summaries were reviewed. This resulted in a consistent regression of individuals' skills without appropriate programmatic revisions being made. The findings include:</p> <p>1. Individual #2's ITTP, dated 8/27/09, documented a 31 year old male diagnosed with severe mental retardation. His QMRP summaries, dated 2/09 - 2/10, showed the following:</p> <p>a. The objective for physical contact was set at 5 or less episodes a month for 12 consecutive months. His QMRP summaries, dated 2/09 - 2/10, showed the following status of the objective:</p> <ul style="list-style-type: none"> - 2/09: 10 - 3/09: 9 - 4/09: 6 - 5/09: 4 - 6/09: 11 - 7/09: 8 - 8/09: 8 - 9/09: 48 - 10/09: 42 - 11/09: 44 - 12/09: 30 	W 256	<p>W 256</p> <ol style="list-style-type: none"> 1. All individuals have the potential to be affected by this practice. 2. All objectives and programs will be reviewed for all clients to determine at what level the client is performing and if they have made progress in the last 3 months. After review of this information all programs and or objectives found to have had no progress in 3 months will be revised to better met the needs of the individual to ensure that they are able to progress toward meeting the goals and objectives set for them. 3. The objective will be added to the top of each of the Q summaries. This will be the trigger for the QMRP to compare the level of performance to the criteria of the objective each month. The QMRP will also be able to compare the level of performance each month with the previous month to ensure that progress is being made. As progress is compared the QMRP will be able consult with the team and revise programs and or objective monthly if progress is not being made. 4. Target date for completion will be 6-30-2010. 		

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W 256	<p>Continued From page 7</p> <p>- 1/10: 23 - 2/10: 31 Individual #2 failed to show consistent or sustained progress since 8/09, and no revisions were made to address the issue.</p> <p>b. The objective for down pressure was set at 10 or less episodes of resistance a month for 12 consecutive months. His QMRP summaries, dated 2/09 - 2/10, showed the following status of the objective:</p> <p>- 2/09: 23 - 3/09: 32 - 4/09: 39 - 5/09: 52 - 6/09: 62 - 7/09: 43 - 8/09: 54 - 9/09: 52 - 10/09: 43 - 11/09: 25 - 12/09: 17 - 1/10: 113 - 2/10: 46 Individual #2 failed to show consistent or sustained progress and no revisions were made to address the issue.</p> <p>c. The objective for sensory stimulation was set at 10 or less episodes of resistance a month for 12 consecutive months. His QMRP summaries, dated 2/09 - 2/10, showed the following status of the objective:</p> <p>- 2/09: 21 - 3/09: 19 - 4/09: 12 - 5/09: 28 - 6/09: 47 - 7/09: 41</p>	W 256			

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W 256	<p>Continued From page 8</p> <ul style="list-style-type: none"> - 8/09: 20 - 9/09: 37 - 10/09: 40 - 11/09: 60 - 12/09: 30 - 1/10: 7 - 2/10: 35 <p>Individual #2 failed to show consistent or sustained progress since 4/09, and no revisions were made to address the issue.</p> <p>d. The objective for toileting was set at no more than 50 accidents a month for 6 consecutive months. His QMRP summaries, dated 2/09 - 2/10, showed the following status of the objective:</p> <ul style="list-style-type: none"> - 2/09: 50 - 3/09: 70 - 4/09: 45 - 5/09: 101 - 6/09: 122 - 7/09: 89 - 8/09: 65 - 9/09: 50 - 10/09: 56 - 11/09: 45 - 12/09: 119 - 1/10: 92 - 2/10: 78 <p>Individual #2 failed to show consistent or sustained progress since 11/09, and no revisions were made to address the issue.</p> <p>e. The objective for tooth brushing was set at no more than 30 prompts a month for 5 consecutive months. His QMRP summaries, dated 2/09 - 2/10, showed the following status of the objective:</p> <ul style="list-style-type: none"> - 2/09: 66 - 3/09: 40 - 4/09: 47 	W 256			

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W 256	<p>Continued From page 9</p> <ul style="list-style-type: none"> - 5/09: 38 - 6/09: 45 - 7/09: 60; revised - 8/09: 0 - 9/09: 48 - 10/09: 33 - 11/09: 47 - 12/09: 124 - 1/10: 373 - 2/10: 444 <p>Individual #2 failed to show consistent or sustained progress since 10/09, and no revisions were made to address the issue.</p> <p>When asked about the objectives noted above, the QMRP stated during an interview on 4/8/10 from 8:55 - 11:15 a.m., revisions were not made but all of Individual #2's programs would be reviewed and revised if no progress was made.</p> <p>2. Individual #1's ITTP, dated 8/27/09, documented an 18 year old male diagnosed with profound mental retardation. His QMRP summaries, dated 2/09 - 2/10, showed the following objectives:</p> <p>a. The objective for indicating he was upset was set at no more than 20 prompts a month for 12 consecutive months. His QMRP summaries, dated 2/09 - 2/10, showed the following status of the objective:</p> <ul style="list-style-type: none"> - 2/09: 29 - 3/09: 22 - 4/09: 28 - 5/09: 55 - 6/09: 32 - 7/09: 39 - 8/09: 111 - 9/09: 8 	W 256			

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W 256	<p>Continued From page 10</p> <ul style="list-style-type: none"> - 10/09: 145 - 11/09: 68 - 12/09: 156 - 1/10: 137 - 2/10: 93 <p>Individual #1 failed to show consistent or sustained progress since 3/09, and no revisions were made to address the issue.</p> <p>b. The objective for hitting his head was set at 3 or less episodes a month for 12 consecutive months. His QMRP summaries, dated 2/09 - 2/10, showed the following status of the objective:</p> <ul style="list-style-type: none"> - 2/09: 2 - 3/09: 18 - 4/09: 23 - 5/09: 111 - 6/09: 103 - 7/09: 71 - 8/09: 235 - 9/09: 749 - 10/09: 656 - 11/09: 1201 - 12/09: 912 - 1/10: 673 - 2/10: 572 <p>Individual #1 failed to show consistent or sustained progress since 2/09, and no revisions were made to address the issue.</p> <p>c. The objective for hitting objects was set at 5 or less episodes a month for 12 consecutive months. His QMRP summaries, dated 2/09 - 2/10, showed the following status of the objective:</p> <ul style="list-style-type: none"> - 2/09: 6 - 3/09: 16 - 4/09: 15 - 5/09: 59 - 6/09: 100 	W 256			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G071	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/08/2010
NAME OF PROVIDER OR SUPPLIER IDAHO FALLS GROUP HOME #4 SUMMIT			STREET ADDRESS, CITY, STATE, ZIP CODE 3612 SUMMIT TRAIL IDAHO FALLS, ID 83402		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 256	<p>Continued From page 11</p> <ul style="list-style-type: none"> - 7/09: 99 - 8/09: 124 - 9/09: 97 - 10/09: 93 - 11/09: 352 - 12/09: 256 - 1/10: 244 - 2/10: 226 <p>Individual #1 failed to show consistent or sustained progress since 2/09, and no revisions were made to address the issue.</p> <p>d. The objective for toileting was set at 45 or less accidents a month for 6 consecutive months. His QMRP summaries, dated 2/09 - 2/10, showed the following status of the objective:</p> <ul style="list-style-type: none"> - 2/09: 99 - 3/09: 126 - 4/09: 89 - 5/09: 163 - 6/09: 228 - 7/09: 244 - 8/09: 195 - 9/09: 166 - 10/09: 165 - 11/09: 212 - 12/09: 220 - 1/10: 209 - 2/10: 139 <p>Individual #1 failed to show consistent or sustained progress since 2/09, and no revisions were made to address the issue.</p> <p>e. The objective for tooth brushing was set at 50 or less episodes of resistance a month for 4 consecutive months. His QMRP summaries, dated 2/09 - 2/10, showed the following status of the objective:</p> <ul style="list-style-type: none"> - 2/09: 108 	W 256			

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NAME OF PROVIDER OR SUPPLIER IDAHO FALLS GROUP HOME #4 SUMMIT			STREET ADDRESS, CITY, STATE, ZIP CODE 3812 SUMMIT TRAIL IDAHO FALLS, ID 83402		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 256	<p>Continued From page 12</p> <ul style="list-style-type: none"> - 3/09: 129 - 4/09: 129 - 5/09: 183 - 6/09: 184 - 7/09: 110 - 8/09: 124 - 9/09: 186 - 10/09: 318 - 11/09: 371 - 12/09: 203 - 1/10: 189 - 2/10: 170 <p>Individual #1 failed to show consistent or sustained progress since 2/09, and no revisions were made to address the issue.</p> <p>f. The objective for taking small bites was set at 95% accuracy a month for 4 consecutive months. His QMRP summaries, dated 2/09 - 2/10, showed the following status of the objective:</p> <ul style="list-style-type: none"> - 2/09: 96% - 3/09: 89% - 4/09: 91% - 5/09: 93% - 6/09: 90% - 7/09: 95% - 8/09: 90% - 9/09: 80% - 10/09: 81% - 11/09: 70% - 12/09: 81% - 1/10: 53% - 2/10: 58% <p>Individual #1 failed to show consistent or sustained progress since 8/09, and no revisions were made to address the issue.</p> <p>g. The objective for eating slow was set at 95% accuracy a month for 4 consecutive months. His</p>	W 256			

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NAME OF PROVIDER OR SUPPLIER IDAHO FALLS GROUP HOME #4 SUMMIT			STREET ADDRESS, CITY, STATE, ZIP CODE 3612 SUMMIT TRAIL IDAHO FALLS, ID 83402		
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W 256	<p>Continued From page 13</p> <p>QMRP summaries, dated 2/09 - 2/10, showed the following status of the objective:</p> <ul style="list-style-type: none"> - 2/09: 99% - 3/09: 88% - 4/09: 90% - 5/09: 92% - 6/09: 86% - 7/09: 95% - 8/09: 90% - 9/09: 78% - 10/09: 79% - 11/09: 66% - 12/09: 71% - 1/10: 57% - 2/10: 63% <p>Individual #1 failed to show consistent or sustained progress since 2/09, and no revisions were made to address the issue.</p> <p>h. The objective for washing his chest was set at 10 or less episodes of resistance a month for 6 consecutive months. His QMRP summaries, dated 2/09 - 2/10, showed the following status of the objective:</p> <ul style="list-style-type: none"> - 2/09: 59 - 3/09: 23 - 4/09: 26 - 5/09: 15 - 6/09: 14 - 7/09: 9 - 8/09: 13 - 9/09: 48 - 10/09: 69 - 11/09: 38 - 12/09: 66 - 1/10: 93 - 2/10: 86 <p>Individual #1 failed to show consistent or sustained progress since 7/09, and no revisions</p>	W 256			

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NAME OF PROVIDER OR SUPPLIER IDAHO FALLS GROUP HOME #4 SUMMIT			STREET ADDRESS, CITY, STATE, ZIP CODE 3612 SUMMIT TRAIL IDAHO FALLS, ID 83402		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 256	Continued From page 14 were made to address the issue. i. The objective for steam-rolling exercises was set at no more than 10 episodes of resistance a month for 4 consecutive months. His QMRP summaries, dated 2/09 - 2/10, showed the following status of the objective: - 2/09: 17 - 3/09: 16 - 4/09: 24 - 5/09: 17 - 6/09: 43 - 7/09: 49 - 8/09: 34 - 9/09: 37 - 10/09: 39 - 11/09: 114 - 12/09: 124 - 1/10: 119 - 2/10: 111 Individual #1 failed to show consistent or sustained progress since 3/09, and no revisions were made to address the issue. When asked about the objectives noted above, the QMRP stated during an interview on 4/8/10 from 8:55 - 11:15 a.m., revisions were not made but all of individual #1's programs would be reviewed and revised if no progress was made. The facility failed to ensure programmatic revisions were made when Individual #1 and #2 failed to make progress towards their objectives.	W 256			
W 274	483.450(b)(1) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR The facility must develop and implement written policies and procedures that govern the management of inappropriate client behavior.	W 274			

May 10 10 02:06p

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NAME OF PROVIDER OR SUPPLIER IDAHO FALLS GROUP HOME #4 SUMMIT			STREET ADDRESS, CITY, STATE, ZIP CODE 3612 SUMMIT TRAIL IDAHO FALLS, ID 83402	
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W 274	<p>Continued From page 15</p> <p>This STANDARD is not met as evidenced by: Based on observation, review of the facility's behavior policy, and staff interview it was determined the facility failed to ensure the behavior policy was sufficiently developed to govern the management of maladaptive behaviors that directly effected 1 of 1 individual (Individual #6) observed to have one to one staffing, and had the potential to effect 6 of 6 individuals (Individuals #1 - #6) residing in the facility. This resulted in a lack of sufficient definitions and procedures by which to develop behavior support plans. The findings include:</p> <p>1. The facility's policy titled Behavior Modification Program Guidelines, dated 9/15/09, was reviewed and included the following:</p> <p>a. Under the section titled Level 1, the policy included "Conditioning incompatible behavior."</p> <p>The policy did not include a definition of conditioning incompatible behavior.</p> <p>When asked, the QMRP stated during an interview on 4/8/10 from 8:55 - 11:15 a.m., incompatible behavior was a new behavior that was taught which could not be exhibited at the same time as a maladaptive behavior.</p> <p>b. Under the section titled Level 1, the policy included "Correction (restitution)."</p> <p>The policy did not include a definition of correction or restitution.</p> <p>When asked, the QMRP stated during an</p>	W 274	<p>274</p> <p>1. All individuals have the potential to be affected by this practice. The behavior policy will be reviewed and revised to met the regulations.</p> <p>2. The treatment team will review the policy and compare the regulations with the policy to be sure all regulations are being met. The Administrator will review the policy for accuracy when completed.</p> <p>3. The Treatment team will review the policy on a quarterly basis to ensure no changes need to be made to policy. If changes are found to be needed the QMRP will revise the policy and again the Administrator will review the policy for accuracy when completed.</p> <p>4. Target date for completion will be 6- 30-2010</p>	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G071	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/08/2010
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W 274	<p>Continued From page 16</p> <p>interview on 4/8/10 from 8:55 - 11:15 a.m., the facility did not use correction or restitution.</p> <p>c. Under the section titled Level 1, the policy included "Extinction."</p> <p>The policy did not include a definition of extinction.</p> <p>When asked, the QMRP stated during an interview on 4/8/10 from 8:55 - 11:15 a.m., extinction was ignoring behavior.</p> <p>d. Under the section titled Level 1, the policy included "Logically related consequences."</p> <p>The policy did not include a definition of logically related consequences.</p> <p>When asked, the QMRP stated during an interview on 4/8/10 from 8:55 - 11:15 a.m., logically related consequences were natural consequences within an individual's ability.</p> <p>e. Under the section titled Level 1, the policy included "Meal related programming in which the client is offered food, but he/she may be systematically withdrawn from the table contingent upon his/her disruptive behavior."</p> <p>The policy did not clearly specify the procedures that were approved for use with this technique.</p> <p>When asked, the QMRP stated during an interview on 4/8/10 from 8:55 - 11:15 a.m., individuals' program sheets would include that information.</p> <p>f. Under the section titled Level 1, the policy</p>	W 274			

May 10 10 02:07p

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NAME OF PROVIDER OR SUPPLIER IDAHO FALLS GROUP HOME #4 SUMMIT			STREET ADDRESS, CITY, STATE, ZIP CODE 3612 SUMMIT TRAIL IDAHO FALLS, ID 83402		
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W 274	<p>Continued From page 17 included "Redirection to a neutral area."</p> <p>The policy did not include a definition of neutral area or the procedures that were allowed to be used if redirection was implemented.</p> <p>When asked, the QMRP stated during an interview on 4/8/10 from 8:55 - 11:15 a.m., neutral areas were dependent on the individual and verbal prompting or a light physical touch were used as redirection.</p> <p>g. Under the section titled Level 1 Review Process, the policy stated that "Any staff wishing to implement or make recommendations for existing programs are encouraged to do so by contacting the Program Director...The psychologist shall review programs using the above techniques upon request of the QMRP."</p> <p>The policy did not identify who the Program Director or Psychologist were. When asked, the QMRP stated during an interview on 4/8/10 from 8:55 - 11:15 a.m., the facility did not have a Program Director or Psychologist.</p> <p>h. Under the section titled Level 2, the policy included "Protective adaptive equipment."</p> <p>The policy did not include a definition of protective adaptive equipment nor identify which items were approved for use.</p> <p>When asked, the QMRP stated during an interview on 4/8/10 from 8:55 - 11:15 a.m., protective adaptive equipment was used to keep individuals safe from harm.</p> <p>i. Under the section titled Level 3, the policy</p>	W 274			

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W 274	<p>Continued From page 18 included "Over-correction."</p> <p>The policy did not include a definition of over-correction.</p> <p>When asked, the QMRP stated during an interview on 4/8/10 from 8:55 - 11:15 a.m., the facility did not use over-correction.</p> <p>j. Under the section titled Level 3, the policy included "Withdrawal of privileges."</p> <p>The policy did not specify the process for withdrawing privileges or what privileges were allowed to be withdrawn.</p> <p>When asked, the QMRP stated during an interview on 4/8/10 from 8:55 - 11:15 a.m., the facility did not use the technique.</p> <p>k. Under the section titled Level 3, the policy included "Staff supervision (increased to one on one)." The policy did not clearly define one on one supervision.</p> <p>During observations on 4/5/10 and 4/6/10 for a cumulative 4 hours and 45 minutes, Individual #6 was noted to be within arm's length of staff. His staffing protocol, dated 11/09, documented his supervision was increased to arm's length due to his aggression and destruction to property.</p> <p>When asked, the QMRP stated during an interview on 4/8/10 from 8:55 - 11:15 a.m., one on one supervision included line of sight and arm's length.</p> <p>l. Under the section titled Level 3, the policy included "Use of contingent privileges."</p>	W 274			

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W 274	<p>Continued From page 19</p> <p>The policy did not include a definition of contingent privilege.</p> <p>When asked, the QMRP stated during an interview on 4/8/10 from 8:55 - 11:15 a.m., a contingent privilege was a privilege earned upon the completion of something such as a task.</p> <p>m. Under the section titled Level 3, the policy included "Restraint/Physical/Mechanical."</p> <p>The policy did not include a definition of physical or mechanical restraint. Additionally, the policy did not identify the physical restraint system approved for use and did not include specific mechanical restraints approved for use.</p> <p>When asked, the QMRP stated during an interview on 4/8/10 from 8:55 - 11:15 a.m., the facility used the Mandt system of physical restraint. The QMRP stated arm splints were used by an individual who resided at another facility, owned by the same company, and was the only mechanical restraint approved for use.</p> <p>n. Under the section titled Level 3, the policy included "Dietary restrictions involving loss or restricting amounts of personal food."</p> <p>When asked, the QMRP stated during an interview on 4/8/10 from 8:55 - 11:15 a.m., food restrictions were in place for special diets such as a 1500 calorie diet or a no-sugar diet.</p> <p>However, it was not clear why dietary restrictions were incorporated in the behavior policy when it was not used for behavioral purposes.</p>	W 274			

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W 274	<p>Continued From page 20</p> <p>o. Under the section titled Level 5, the policy included "Aversive conditioning."</p> <p>The policy did not include a definition of aversive conditioning.</p> <p>When asked, the QMRP stated during an interview on 4/8/10 from 8:55 - 11:15 a.m., aversive conditioning meant anything an individual did not like.</p> <p>p. Under the section titled Level 5, the policy included "Room searches/ alarms [sic]."</p> <p>The policy did not specify when room searches were allowed or the type of alarms that were approved for use.</p> <p>When asked, the QMRP stated during an interview on 4/8/10 from 8:55 - 11:15 a.m., the facility did not conduct room searches and did not use alarms.</p> <p>q. Under the section titled Level 6, the policy included "Drug therapy to include PRN medication."</p> <p>The policy did not specify the reasons for drug therapy or the procedures to be followed for increasing or decreasing a drug, or the procedures to be followed when reducing a drug was contraindicated.</p> <p>When asked, the QMRP stated during an interview on 4/8/10 from 8:55 - 11:15 a.m., drug therapy referred to psychotropic medication for the management of maladaptive behaviors.</p> <p>The facility failed to ensure the Behavior</p>	W 274			

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W 274	Continued From page 21	W 274			
W 279	Modification Program Guidelines policy was sufficiently developed. 483.450(b)(1)(iv)(A) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR Procedures that govern the management of inappropriate client behavior must address the use of time-out rooms. This STANDARD is not met as evidenced by: Based on review of the facility's behavior policy and staff interview, it was determined the facility failed to ensure the behavior policy addressed the use of time-out rooms which had the potential to effect 6 of 6 individuals (Individuals #1 - #6) residing in the facility. This resulted in a lack of sufficient procedures by which to develop behavior support plans. The findings include: The facility's policy titled Behavior Modification Program Guidelines, dated 9/15/09, did not address the use of time-out rooms. When asked during an interview on 4/8/10 from 8:55 - 11:15 a.m., the QMRP stated the facility did not use time-out rooms and the policy did not address the use of time-out rooms. The facility failed to ensure the use of time-out rooms was addressed in their behavior policy. 483.450(b)(1)(iv)(D) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR Procedures that govern the management of inappropriate client behavior must address the application of painful or noxious stimuli.	W 279	W 279 1. All individuals have the potential to be affected by this practice. The behavior policy will be reviewed and revised to met the regulations. 2. The treatment team will review the policy and compare the regulations with the policy to be sure all regulations are being met. The Administrator will review the policy for accuracy when completed. 3. The Treatment team will review the policy on a quarterly basis to ensure no changes need to be made to policy. If changes are found to be needed the QMRP will revise the policy and again the Administrator will review the policy for accuracy when completed. 4. Target date for completion will be 6-30-2010		
W 282		W 282			

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W 312

1. All individuals have the potential to

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G071	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/08/2010
NAME OF PROVIDER OR SUPPLIER IDAHO FALLS GROUP HOME #4 SUMMIT			STREET ADDRESS, CITY, STATE, ZIP CODE 3612 SUMMIT TRAIL IDAHO FALLS, ID 83402		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 282	<p>Continued From page 22</p> <p>This STANDARD is not met as evidenced by: Based on review of the facility's behavior policy and staff interview, it was determined the facility failed to ensure the behavior policy addressed the application of painful or noxious stimuli which had the potential to effect 6 of 6 individuals (Individuals #1 - #6) residing in the facility. This resulted in a lack of sufficient procedures by which to develop behavior support plans. The findings include:</p> <p>The facility's policy titled Behavior Modification Program Guidelines, dated 9/15/09, did not address the use of painful or noxious stimuli.</p> <p>When asked during an interview on 4/8/10 from 8:55 - 11:15 a.m., the QMRP stated the facility did not use painful and noxious stimuli and it was not addressed in the policy.</p> <p>The facility failed to ensure the use of painful or noxious stimuli was addressed in their behavior policy.</p>	W 282	<p>W 282</p> <ol style="list-style-type: none"> 1. All individuals have the potential to be affected by this practice. The behavior policy will be reviewed and revised to met the regulations. 2. The treatment team will review the policy and compare the regulations with the policy to be sure all regulations are being met. The Administrator will review the policy for accuracy when completed. 3. The Treatment team will review the policy on a quarterly basis to ensure no changes need to be made to policy. If changes are found to be needed the QMRP will revise the policy and again the Administrator will review the policy for accuracy when completed. 4. Target date for completion will be 6-30-2010 		

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MM380	<p>16.03.11.120.03(a) Building and Equipment</p> <p>The building and all equipment must be in good repair. The walls and floors must be of such character as to permit frequent cleaning. Walls and ceilings in kitchens, bathrooms, and utility rooms must have smooth enameled or equally washable surfaces. The building must be kept clean and sanitary, and every reasonable precaution must be taken to prevent the entrance of insects and rodents.</p> <p>This Rule is not met as evidenced by: Based on observation, it was determined the facility failed to ensure the facility was kept in good repair for 6 of 6 individuals (Individuals #1 - #6) residing in the facility. This resulted in the environment being kept in ill-repair. The findings include:</p> <p>During an environmental review on 4/6/10 from 11:00 - 11:30 a.m., the following concerns were noted:</p> <ul style="list-style-type: none"> - The blind in the hall bathroom contained 6 broken slats. - The kitchen floor contained 2 large burn marks; each mark was approximately 6 inches long. - The seal around the inside of the oven door contained a 3 inch tear. - The dining room floor contained a "v" shaped 3 inch tear near the back door. - The laundry room floor contained several worn areas such that the sub-floor was visible. - The wall between Individual #1 and #3's bedroom contained a 6 inch diameter dent. 	MM380	<p>MM 380</p> <ol style="list-style-type: none"> 1. All individuals have the potential to be affected by this practice. All walls will be repaired. All floors in the home will be repaired and or replaced as needed. The oven door seal will be replaced. All blinds in the home will be checked and replaced as needed. All doors will be checked and replaced as needed in the home. All outlets in the home will be checked and any needing replaced will be done. 2. The Administrator will do weekly checks of the home and check for repairs and give instruction to maintenance to complete the repairs. The supervisor will do walk through of the home each time they are in the home to ensure all needed repairs are being reported for repairs. 3. Target date for completion will be 6-30-2010 	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

5/10/10
(X6) DATE

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MM380	Continued From page 1 - The drum room downstairs was missing an outlet cover on the wall next to the closet. - The inside of the door to the room downstairs that contained mattresses and a table had a 4 inch by 2 inch hole above the handle and a crack on the bottom. The outside of the door contained a 8 inch by 4 inch "L" shaped crack. - The room downstairs that contained mattresses and a table contained a 5 inch diameter dent on the back wall above the table. - The wall next to the bookshelf in the main room of the basement contained a 6 inch diameter dent. - The wall next to the fire alarm in the main room of the basement contained a 2 foot by 3 foot hole.	MM380			
MM520	16.03.11.200.03(a) Establishing and Implementing policies The administrator will be responsible for establishing and implementing written policies and procedures for each service of the facility and the operation of its physical plant. He must see that these policies and procedures are adhered to and must make them available to authorized representatives of the Department. This Rule is not met as evidenced by: Refer to W274, W279, and W282.	MM520	MM 520 Refer to W 274, W 279, and W282		
MM730	16.03.11.270.01(d)(i) Diagnostic and Prognostic Data Based on complete and relevant diagnostic and prognostic data; and This Rule is not met as evidenced by:	MM730	MM730 Refer to W232		

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MM730	Continued From page 2 Refer to W232.	MM730		
MM861	16.03.11.270.08(f)(iii) Periodic Review Initiating periodic review of each individual plan of care for necessary modifications or adjustments. This Rule is not met as evidenced by: Refer to W256.	MM861	MM 861 refer to W266	

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